

United States District Court

for the
Southern District of Indiana

K.C., *et al.*

Plaintiffs,

vs.

THE INDIVIDUAL MEMBERS OF THE
INDIANA MEDICAL LICENSING BOARD,
et al.

Defendants.

Cause No: 1:23-cv-595 JPH-KMB

SUMMONS IN A CIVIL ACTION

TO: Executive Director
Indiana Professional Licensing Agency
402 W. Washington St. W072
Indianapolis, IN 46204

A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

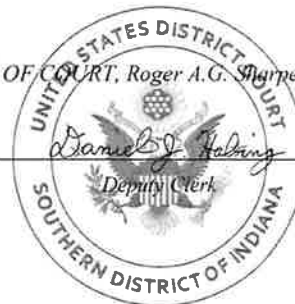
Kenneth J. Falk/Gavin M. Rose/Stevie J. Pactore
ACLU of Indiana
1031 E. Washington St.
Indianapolis, IN 46202

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 04/06/2023

CLERK OF COURT, Roger A.G. Horne

BY: _____



Civil Summons (Page 2)

Civil Action Number: 1:23-cv-595**PROOF OF SERVICE**

(this section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))

This summons for (name of individual and title, if any) EXECUTIVE DIRECTOR
INDIANA PROFESSIONAL LICENSING AGENCY
 was received by me on (date) 4/6/23.

☐ I personally served the summons on the individual at (place) _____
 _____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 _____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify): CMRPR

My fees are \$ 0 for travel and \$ 0 for services, for a total of \$ 0.

I declare under penalty of perjury that this information is true.

4/6/23

Ann D'Angelo
ANN D'ANGELO
LITIGATION SUPPORT MGR

ACLU of Indiana
 1031 East Washington St.
 Indianapolis, IN 46202

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X</p> <p>B. Received by (Printed Name) <u>J. Schreeder</u></p> <p>C. Date of Delivery <u>4/6/2023</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Executive Director Indiana Professional Licensing Agency 402 W. Washington St. #W072 Indianapolis, IN 46204</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7022 0410 0000 6253 4837</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	



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